SCHOLARSHIP APPLICATION

PARKS & RECREATION DEPARTMENT 200 N. FOSTER AVENUE, LANSING, MI 48912

TELEPHONE: 517-483-4277

WARD #	

ONLY ONE INDIVIDUAL AND ACTIVITY PER FORM.

ORIGINAL - Parks & Recreation Administration File

MUST BE A CITY OF LANSING RESIDENT WHO MEETS THE FEDERAL HOUSING AND URBAN DEVELOPMENT LOW INCOME GUIDELINES FOR THE LANSING AREA.

MUST BE AN ELIGIBLE ACTIVITY OFFERED BY THE PARKS AND RECREATION DEPARTMENT. APPLICANT'S DATE OF NAME_______AGE____BIRTH______PHONE_____ ADDRESS PARENT (S) / GUARDIAN (S) PHONE (home) NAME_____ (work) _____ ZIP ADDRESS NUMBER OF PERSONS IN HOUSEHOLD Scholarships HOUSEHOLD GROSS INCOME FOR LAST YEAR HOUSEHOLD MONTHLY GROSS INCOME NOW **CAN NOT exceed \$40** per child per term **HOUSEHOLD INCOME INCLUDES ALL INDIVIDUALS LIVING IN HOUSEHOLD*** **ACTIVITY NAME** ACTIVITY # LOCATION DAY/DATE TIME AMOUNT OF ACTIVITY FEE AMOUNT OF MONEY I CAN CONTRIBUTE AMOUNT OF SCHOLARSHIP REQUESTED In registering my child for this activity, I hereby release the City of Lansing of all liability for damages or injuries by my child while engaging in this activity. I also authorize that my child may be photographed/video taped and waive all claims by my child for remuneration in any form for the use of such photographs/video tapes for educational programs, public relations programs, and newspaper use. By signing this form, I acknowledge that the above information given by me is a true statement of fact. **AUTHORIZED SCHOLARSHIP ACTIVITY FEE** \$(_____) Date receipted_____ by ____ @
Gier__ Letts__ SSCC__ Foster/Sports/Admin__ TD___ LESS CONTRIBUTION **SCHOLARSHIP** REVENUE ACCOUNT TO CREDIT SCHOLARSHIP _____ AUTHORIZED _____TITLE_____DATE___ PERSONNEL:____